

## KDADS STANDARD POLICY

<b>Policy Name:</b>	Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF-IDD) Policy	<b>Policy Number:</b>	
<b>Commission:</b>	Community Services and Programs	<b>Date Established:</b>	4/15/2004
<b>Applicability:</b>	ICF-IID, IDD waiver clients	<b>Date Last Revised:</b>	5/1/2015
<b>Contact:</b>	ICF-IID Program Manager	<b>Date Effective:</b>	
<b>Policy Location:</b>	<a href="https://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">https://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>	
<b>Status/Date:</b>	3/18/2019 DRAFT	<b>Number of Pages:</b>	7
<b>Revision History</b>			

### Purpose

The purpose of this policy is to ensure compliance with K.A.R. 30-64-29, K.A.R. 30-63-21, K.S.A. 39-1801 *et seq.* and 42 CFR 483.440.

### Summary

This policy establishes the eligibility criteria and procedures for admission and transfer to, as well as discharge from public and private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID).

### Entities/Individuals Impacted

- Community Development Disability Organizations (CDDO)
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department of Health and Environment (KDHE)
- Managed Care Organizations (MCO)
- Public and Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)

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## I. Policy

- A. ICF-IID Gatekeeping applications (Gatekeeping application) requesting admission to an ICF-IID shall be submitted to the KDADS ICF-IID Program Manager by the client's home county CDDO for final review and approval via the IDD Upload Utility.
- B. Prior to a CDDO submitting the gatekeeping application for admission on behalf of the client, the CDDO and MCO shall ensure that all community options have been explored and exhausted.
- C. The CDDO and MCO are responsible for collaborating to complete the gatekeeping application and to collect all applicable supporting documentation for submission to KDADS ICF-IID Program Manager via the IDD Upload Utility following the process outlined in the Procedures section of this policy.
- D. The interagency review team shall review the client's active treatment needs, goals, and progress to determine if the client is eligible to remain in the ICF-IID or if community options would be more appropriate pursuant to 42CFR §483.440
- E. ICF-IID Transition requests shall be submitted by the discharging ICF-IID facility to the KDADS ICF-IID Program Manager for final review and approval via email.
- F. The criteria and processes described in this policy shall be met and followed any time an admission, discharge or transition between ICF-IID facilities is requested.
- G. If a client is placed in an ICF-IID before receiving approval from KDADS, Medicaid funding will not be approved for the time the client was in an ICF-IID prior to KDADS approval.
- H. If immediate placement is necessary to protect the health, safety, and welfare of the client, a request for an expedited determination by KDADS may be requested on the gatekeeping application or the transition request.
- I. ICF-IID Eligibility Criteria
  1. The client has Active Treatment as defined by 42 CFR 483.440.
  2. The client has a diagnosis of an intellectual disability as determined by a healthcare provider licensed to provide a DSM diagnosis.
  3. The client has an Full-Scale Intelligence Quotient (IQ) score of 70 or below.
  4. Supporting documentation detailing that an admission to an ICF-IID is essential to the client's health and safety is included with the application as detailed in III.C. of this policy.
  5. The request for admission to an ICF-IID is made by the client or legal guardian.

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a. The legal guardian shall present documentation from the Court indicating that they have the authority to admit the client to an institution pursuant to K.S.A. 59-3077.

6. The client meets the age criteria for ICF-IID.

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## II. Procedures

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### A. Admission to an ICF-IID

1. The client/ legal guardian, CDDO, and MCO shall complete the ICF-IID gatekeeping application at a face-to-face meeting.
  - a) The client, client's legal guardian, CDDO and MCO are required clients at the gatekeeping meeting.
2. The CDDO, in consultation with the client, guardian (if applicable) and a representative from the client's MCO, shall explore and document all alternative options to admission to an ICF-IID to ensure that no opportunity to divert the client from an ICF-IID exists.
  - a) The CDDO shall explore community options in the client's residential county and the surrounding counties.
  - b) The MCO shall explore community options across the state of Kansas for the client.
3. Failure to explore and exhaust community options shall result in an ICF-IID admission denial.
4. The CDDO and MCO shall sign the gatekeeping application and submit it to the KDADS ICF-IID Program Manager via the IDD Utility Upload tool.
5. The ICF-IID Program Manager shall review the ICF-IID Gatekeeping Application and complete the KDADS Review Section to determine if criteria for admission to an ICF-IID in Kansas has been met.
  - a) The Program Manager shall have ten (10) business days to perform the review once all documentation has been received.
  - b) In the event the application is missing supporting documentation the ICF-IID Program Manager shall submit a request, via email, to the CDDO and MCO for the missing information.
  - c) The CDDO and MCO shall submit the requested information within ten (10) business days to the IDD Utility Upload.

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i. In the event the requested information is not submitted to the Program Manager within ten (10) business days, the Program Manager shall deny the application and notify the CDDO and MCO via email and mail a letter, with appeal rights, to the client/legal guardian.

ii. The CDDO may re-submit a gatekeeping application any time.

d) In the event the application for admission is approved, the Program Manager shall notify the CDDO and MCO via email and mail a letter, with appeal rights, to the client/legal guardian.

e) In the event the Program Manager denies the ICF-IID Gatekeeping Application, the Program Manager shall notify the CDDO and MCO via email and mail a letter, with appeal rights, to the client/legal guardian

f) Upon admission, the ICF-IID facility shall submit a MS-2126 to the ICF-IID Program Manager and KanCare clearinghouse.

#### B. Discharge from an ICF-IID

1. Discharge from an ICF-IID to HCBS services shall follow the HCBS Institutional Transition policy.

2. The following process shall be followed to transition a client from one licensed facility to another licensed facility.

- The discharging ICF-IID facility, in consultation with the client, guardian (if applicable), and the client's MCO, will complete the ICF-IID Transition Request and submit the Transition Request with supporting documentation to KDADS via the IDD Upload Utility.
- The discharging facility shall provide KDADS documentation the client is being discharged for good cause.
- The discharging facility shall provide KDADS the discharge plan that outlines the timeframe that the discharge will occur and the services that will be needed post discharge.
- The discharging facility shall provide KDADS ICF-IID Program Manager a copy of the form 2126 immediately following discharge.
- The discharging facility will notify the local CDDO in writing immediately of the approved transition and the date of transition.

#### C. Transfer from an ICF-IID

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1. The transferring facility shall provide the KDADS ICF-IID Program Manager with documentation stating the client is being transferred for good cause and the expected date the client will return to the originating facility.

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### III. Documentation

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#### A. Gatekeeping Application

1. The Gatekeeping Application (form XXX) is the document used by CDDOs to request, from KDADS, approval for admission into a public or private ICF-IID for clients receiving Medicaid.

#### B. Transition Request Form

1. The Transition Request Form (form XXX) is the document used by ICF-IID facilities to request, from KDADS, approval to transition a client from one licensed ICF-IID facility to another licensed ICF-IID facility for clients receiving Medicaid.

#### C. Supporting Documentation

1. The following documents shall be submitted with the Gatekeeping Application for admission to an ICF.
  - a) The legal guardian shall submit written documentation of their current authority to admit the client to an ICF-IID. (K.S.A. 59-3077)
  - b) The CDDO and MCO shall submit written documentation of all Community Services that have been exhausted.
  - c) The CDDO shall provide documentation of intellectual disability diagnosis by a healthcare provider licensed to provide a DSM diagnosis.
  - d) The CDDO shall provide documentation of a Full-Scale IQ of 70 or below as determined by an accredited IQ test.
2. The following documents shall be submitted with the ICF-IID Transition Request.
  - a) The legal guardian shall submit written documentation of their current authority to admit the client to an ICF-IID.
  - b) The discharging ICF-IID facility shall provide documentation of intellectual disability diagnosis by a healthcare provider licensed to provide a DSM diagnosis.

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- c) The discharging ICF-IID facility shall provide documentation of an Full-Scale IQ of 70 or below as determined by an accredited IQ test.
- d) The discharging ICF-IID facility shall provide a discharge plan that outlines the timeframe that the discharge will occur and the services that will be needed post discharge.

### C. MS 2126 (Notification of Facility Admission/Discharge form)

1. The MS-2126 is used by institutional providers to request Medicaid payment for a beneficiary.

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## III. Definitions

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**Active Treatment Needs-** The acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible and the prevention or deceleration of regression or loss of current optimal functional status (42 CFR § 483.440).

**Discharge:** per the State Operations Manual (Appendix J) means the permanent movement, for good cause, of an individual to another facility or setting which operates independently from the ICF/IID (e.g. the facility is not under the jurisdiction of the facility's governing body).

**Functional Assessment-** The instrument used to evaluate the level of care for individuals with an intellectual disability.

**Good Cause:** per the State Operations manual (Appendix J) only when the facility cannot meet the individual's needs, individual no longer requires an active treatment program, the individual or guardian chooses to reside elsewhere, or when a determination is made that another level of service or living situation would be beneficial to the individual.

**Intellectual and Developmental Disability-** as defined by K.S.A. 39-1803(f) and (h).

**Intellectual Quotient-** An intelligence quotient or IQ is a score derived from a set of standardized tests developed to measure a client's cognitive abilities ("intelligence") in relation to their age group.

**Interagency Review Team:** team composed of KDHE and KDADS staff with participation from a State of Kansas contracted physician to determine continued ICF-IID eligibility.

**Transfer:** per the State Operations Manual (Appendix J) means the temporary movement, for good cause, of an individual to another facility (e.g. another ICF/IID, psychiatric hospital, medical hospital) with the intention of return to the original site.

**Transition:** movement of an individual from one licensed ICF-IID facility to another licensed ICF-IID facility permanently and for good cause.

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### Authority

#### Federal

42 CFR §483.400

42 CFR §483.440

#### State

State Operations Manual Appendix J

K.A.R. 30-63-21

K.A.R. 30-64-29

K.S.A. 39-1803

K.S.A. 59-3077.

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### Related Information

ICF-IID Gatekeeping Application (form number)

ICF-IID Transition Request (form number)

MS 2126